MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6924

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Valley Lee
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Valley Lee Md
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John David Bean

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1939

8. AGE: Years	Months	Days	If less than one day
—	4	23	____ hrs. ____ min.

9. Birthplace Valley Lee Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Leo Bean
13. Birthplace Great Mills Md

MOTHER
14. Maiden name Genevieve Redman
15. Birthplace Valley Lee Md

16. Informant Leo Bean
Address Valley Lee, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 29, 1940 (month) (day) (year)

Cemetery or crematory St Georges

Location Valley Lee Md

18. Funeral director Leo Bean

Address Valley Lee, Md

19. Jan 29 1940 (Date rec'd by registrar) O J Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Jan 28 1940, and that I last saw him alive on Jan 28 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE O J Bean MD
M. D. or other

Address Great Mills Md Date signed Jan 29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

0925

Reg. Dist. No. 2-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Rural (If outside city or town limits, write RURAL NEAR and give town) near Oakley

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. Oakley (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Branson

3. (b) Social Security Number

4. Sex ~

5. Color or race Col

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 - 11 40

8. AGE: Years ~ | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Oakley (Town, county and state)

10. Usual occupation unk

11. Industry or business

FATHER 12. Name Joseph Branson

13. Birthplace Oakley

MOTHER 14. Maiden name Mary Frances Collins

15. Birthplace Charlotte Co. Va

16. Informant Madeline Mattingly

Address Oakley Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 (month) 12 (day) 40 (year)

Cemetery or crematory Burlington

Location Oakley

18. Funeral director Joseph Mattingly

Address Oakley Md

19. 1-12-1940 (Date rec'd by registrar) N. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 11 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 1 - 11 - 1940

Immediate cause of death Pneumonia — DURATION

Due to Stillborn premature 1½ hrs.

Due to Mild Abruptio placenta

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robt. V. Palmer M. D. or other

Address Arnold Md Date signed 1-12-40

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FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0926

1. PLACE OF DEATH (94a)

County St. Mary's Registration Dist. No. 281

Village or City Drayden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron Brown If U. S. Veteran, specify WAR

(a) Residence: No. Drayden, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lily Fenwick

6. DATE OF BIRTH (month, day, and year) 1898 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Drayden (State or country) Md.

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) Not learned (State or country) Md.

MOTHER

15. MAIDEN NAME Not learned

16. BIRTHPLACE (city or town) Not learned (State or country) Md.

17. INFORMANT Horace Brown (Son). (Address) Drayden, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Marks Date Feb 1, 1940

19. UNDERTAKER Jos. C. Mettingly (Address) Leonardtown

20. FILED Jan 30, 1940 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1940, to Jan. 29, 1940

I last saw him alive on Jan. 29, 1940; death is said to have occurred on the date stated above, at 8:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	ca 1/15/40
Auricular Fibrillation	ca 1/17/40

Other Contributory Causes of importance:

Pulmonary Embolism	1/29/40

Name of operation None Date of

What test confirmed diagnosis? clin. + lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs. M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0927

(61)

1. PLACE OF DEATH

County St. Mary's. Registration Dist. No. 281

Village or City Ridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta E. Buchanan If U. S. Veteran, specify WAR none

(a) Residence: No. 1626 Milburn St., Ward Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	C.	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob Buchanan

6. DATE OF BIRTH (month, day, and year): October 3, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home-work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Inigoes Md.

FATHER

13. NAME: Steven Clark

14. BIRTHPLACE (city or town) (State or country): Not learned Md.

MOTHER

15. MAIDEN NAME: Not learned

16. BIRTHPLACE (city or town) (State or country): Not learned not learned

17. INFORMANT (Address): Louise Holden (daughter) Ridge, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: St. Inigoes, Md. Date: Jan. 25, 1940

19. UNDERTAKER (Address): Mr. Robinson Dameron, Md.

20. FILED Jan. 23 1940 P. H. Senn M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1939, to Jan. 23, 1940

I last saw her alive on Jan. 18, 1940; death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	several yrs ago
Generalized Arteriosclerosis	several yrs ago.
Other Contributory Causes of importance:	
Secondary Bronchopneumonia	1/9/40

Name of operation: None Date of:

What test confirmed diagnosis? Clin. + lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Robert T. Fuches M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

FEB 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0928

1. PLACE OF DEATH

(83-a)

County St Marys Registration Dist. No. 284

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thos J Brinkler

(a) Residence: No. Christ Nall St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Brinkler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 67 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co

FATHER

13. NAME ~~Dorst Kerr~~ Lil Brinkler

14. BIRTHPLACE (city or town) (State or country) St Marys Co

MOTHER

15. MAIDEN NAME ~~Dorst Kerr~~ Mattie Cusick

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md ~~Dorst Kerr~~

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Date 1/17, 1940

19. UNDERTAKER (Address) Eleanor Tunnell

20. FILED Jan 18, 1946 Leon J Gallaron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940, to Jan 15, 1940

I last saw him alive on Jan 16, 1940; death is said to have occurred on the date stated above, at 1 5 t 6 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral hemorrhage

Date of onset

Other Contributory Causes of importance: Infection of bowels

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Lynch M. D.

(Address) Avalon

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

FEB 14 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0929

CERTIFICATE OF DEATH

Reg. Dist. No. 28B

1. PLACE OF DEATH:

County St. Mary's

City or town Budds Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Budds Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn - Infant Bush

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	colored	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Budds Creek (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Henry Smith

13. Birthplace Md.

MOTHER 14. Maiden name Elidor Bush

15. Birthplace Budds Creek Md.

16. Informant Mrs Ruth Bush

Address Budds Creek

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 21 1940 (month) (day) (year)

Cemetery or crematory - John Wesley -

Location Budds Creek

18. Funeral director Andrew Bush

Address Budds Creek

19. Jan 20 1940 (Date rec'd by registrar) L B Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 20 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h elive on 19 .

Immediate cause of death Premature Birth

Due to Stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE L B Johnson - Local Reg M. D. or other

Address Morganza. Date signed Jan 29 40

RECEIVED
FEB 6 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0930

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (108)

County St. Mary's. Registration Dist. No. 281

Village or City St. James. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Carrol If U. S. Veteran, specify WAR

(a) Residence: No. St. James, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. James (State or country) Md.

FATHER

13. NAME Douglas Carrol

14. BIRTHPLACE (city or town) Beachville (State or country) Md.

MOTHER

15. MAIDEN NAME Grace Talson

16. BIRTHPLACE (city or town) St. Mary's City (State or country) Md.

17. INFORMANT Douglas Carrol (Father) (Address) St. James, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St James Cemetery Date Jan 30, 1940

19. UNDERTAKER Douglas Carroll (Address) Park Hall Md

20. FILED Jan 30, 1940 A J Bean MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1940, to January 29, 1940

I last saw him alive on Jan. 28, 1940; death is said to have occurred on the date stated above, at 1:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/13/40

Other Contributory Causes of importance:

Otitis media	1/25/40
Meningitis	1/26/40

Name of operation Paracentesis at ear Date of 1/25/40

What test confirmed diagnosis? Clin + Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Tyson, M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0931

1. PLACE OF DEATH (51-C)

County St. Mary Registration Dist. No. 282

Village or City Valley Lee No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George B Cecil If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Bailey

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Miller

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Saw-mill

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

FATHER

13. NAME William M. Cecil

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marian Almsworthy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. George T. Cecil

18. BURIAL, CREMATION, OR REMOVAL Place Valley Lee Date Jan 8/40, 19

19. UNDERTAKER (Address) William C Mottley Co

20. FILED Jan 7, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 5 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19, to Jan 5, 1940

I last saw him alive on Jan 3, 1940; death is said to have occurred on the date stated above, at 12:02 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
& generalized metastasis	1938

Other Contributory Causes of importance:

Name of operation Cystoscopy Date of 1939

What test confirmed diagnosis? above Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Hog Neck

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-c)

CERTIFICATE OF DEATH

0932

Reg. Dist. No. 283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County St. Marys

City or town Leonardtown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution St. Marys Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 Months

Stay in this community (yrs., or mos., or days) 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County St. Marys

City or town Clements (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. Near Clements (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ?

3. (a) FULL NAME Julia R. Darsey

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: Negro | 6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 - 1918

8. AGE: Years 21 | Months 10 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Clements, Md (Town, county, and state)

10. Usual occupation At home

11. Industry or business None

FATHER 12. Name Ballard Darsey

13. Birthplace Charles Co. Md.

MOTHER 14. Maiden name Mary E. Reed

15. Birthplace Md

16. Informant Mary Ed Darsey

Address Clements, Md

17. Burial (Burial, cremation, or removal. (Which?)) Date thereof Jan. 20 - 1940 (month) (day) (year)

Cemetery or crematory St. Josephs

Location Morganza, Md

18. Funeral director E. C. Mattingly

Address Leonardtown, Md

19. Jan. 19 1940 (Date rec'd by registrar) L. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1940, at 7a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to Jan. 19 1940 and that I last saw her alive on Jan. 17 1940

Immediate cause of death Syphilis — DURATION 2yrs

Due to

Due to

Other conditions Paralysis of extremities

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. B. Johnson M. D. or other

Address Morganza, Md Date signed 1/19/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

0933

(41)

1. PLACE OF DEATH

County St. Mary's. Registration Dist. No. 28-2

Village or City Leonardtown Md No. St. Mary's Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Herbert Herbert -

(a) Residence: No. Hollywood Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 5- 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland St. Marys Co.

FATHER

13. NAME Herbert S. Herbert

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

MOTHER

15. MAIDEN NAME Nettie Guy,

16. BIRTHPLACE (city or town) (State or country) St. Marys Co, Md.

17. INFORMANT Donald Smith. (Address) Hollywood Md

18. BURIAL, CREMATION, OR REMOVAL Place Chaptico Cemetery Date Jan. 31 1940

19. UNDERTAKER Mrs A. C. Welch, (Address) Chaptico Md

20. FILED 1/30 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 29 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1940 to Jan 29 1940

I last saw him alive on Jan 29 1940; death is said to have occurred on the dete stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Jan 28. 1940
Other Contributory Causes of Importance:	
Diabetes Mellitus	?

Name of operation None Date of

Whet test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Alaynus C Welch M. D.

(Address) Chaptico Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0934

1. PLACE OF DEATH (486)

County St. Mary's Registration Dist. No. 281

Village or City Park Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Park Hall St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, and year) Not learned

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Plata, Md.
(State or country)

FATHER

13. NAME Mucott ?

14. BIRTHPLACE (city or town) Not learned
(State or country)

MOTHER

15. MAIDEN NAME Not learned

16. BIRTHPLACE (city or town) Not learned
(State or country)

17. INFORMANT Henry Johnson (Husband)
(Address) Park Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St. Inigoes, Md. Date Jan. 4, 1940

19. UNDERTAKER Ernest Robinson
(Address) St. Inigoes, Md.

20. FILED Jan 3, 1940 A. J. Brown M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 1, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1939, to January 1, 1940

I last saw h.. alive on December 31, 1939; death is said to have occurred on the date stated above, at 6 00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Uteri	Several months ago
Other Contributary Causes of Importance:	
Uremia	12/25/39

Name of operation Laparatomy Date of Sept. 17, 39

What test confirmed diagnosis? D. and C. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 15 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0935

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Pearson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Pearson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

~~Street~~ No. Susquehanna Farm
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Joseph Eugene Matthews

3. (b) Social Security Number none

4. Sex Male

5. Color or race Black

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 14 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Pearson St Marys Md
(Town, county, and state)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Eugene Matthews
13. Birthplace Pearson Md

MOTHER
14. Maiden name Edna Hutchins
15. Birthplace Calvert Co, Md

16. Informant Helen Hill
Address Pearson Md

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof 1-16-40 (month) (day) (year)

Cemetery or crematory St Nicholas Cemetery

Location Pearson Md

16. Funeral director Robinson Funeral Home

Address Leonardtown Md

19. Jan 14 1940 (Date rec'd by registrar) P J Bean Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 4:28 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to Jan 14 1940, and that I last saw him alive Jan 14 1940.

Immediate cause of death Gunshot wounds of abdomen and chest

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 30 minutes

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide homicide Date of Jan 14, 1940

Where did injury occur? Pearson (City or town), St Marys (County), Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Gunshot Injured at work? no

23. SIGNATURE P J Bean Md
M. D. or other

Address Ranston Mills Md Date signed Jan 14, 1940

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0936

Reg. Dist. No. 28 v

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
County St Mary's
City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Mary's
City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lorenzo Clement Mattingly

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

8 (b) Name of husband or wife Mary Elizabeth Abell

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct 6 1861

8. AGE: Years 78 Months 4 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace Leonardtown (Town, county, and state) Md

10. Usual occupation Funeral Director

11. Industry or business

FATHER 12. Name James Henry Mattingly

13. Birthplace Md

MOTHER 14. Maiden name Sophia Abell

15. Birthplace Md

18. Informant Jos. Mattingly

Address Leonardtown Md

17. St. Aloysius' (Burial, cremation, or removal. Which?) Date thereof Jan 30 1940 (month) (day) (year)

Cemetery or crematory St. Aloysius

Location Leonardtown

18. Funeral director Jos C Mattingly

Address Leonardtown

19. 1/28 1940 Canales
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1940, at 3:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1940, to Jan 28 1940, and that I last saw h alive on Jan 28 1940

Immediate cause of death Acute Dilatation of Heart — DURATION

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Canales M. D. or other

Address Leonardtown Date signed 1/28/40

XS 15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0937

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (154)

County St Marys Registration Dist. No. 2 824

Village or City Oakville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Aloysius Scriber If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, dey, and year) Jan 3 - 1946

7. AGE	Yeers	Months	Days	If LESS than 1 day, 10 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Data deceesed lest worked et this occupation (month and year)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Home near Oakville (State or country)

FATHER

13. NAME Douglas Scriber

14. BIRTHPLACE (city or town) St Marys Co (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Courtney

16. BIRTHPLACE (city or town) St Marys Co Md (Steta or country)

17. INFORMANT Beatrice Courtney (Address) Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph's Date Jan 5, 1946

19. UNDERTAKER Paran Courtney (Address) Mechanicsville

20. FILED Jan 5, 1946 Lucien J Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 3 (Day), 1946 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceased from Jan 3, 1946, to Jan 3, 1946

I lest saw h-ive on Jan 3, 1946; deeth is seid to heve occurred on the date steted above, at 4 P. m.

The **PRINCIPAL CAUSE OF DEATH** and releted ceusas of importance were as follows:

	Date of onset
Premature birth	
6 1/2 months	
Other **Contributory Causes** of importance:	

Name of operation Date of

Whet tast confirmed diagnosis? Wes there en autopsy?

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Deta of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupetion of deceased?

If so, specify

(Signed) Lucien J Jackson M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0938

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County St. Mary's

City or town California

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town California Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

~~Street No~~ Three Notch Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Barbara Elaine Thompson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 3 1939

8. AGE:

Years	Months	Days	If less than one day
—	6	22	— hrs. — min.

9. Birthplace California, St. Marys Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name James H Thompson

13. Birthplace California, Md.

MOTHER 14. Maiden name Anna Elizabeth Lloyd

15. Birthplace California, Md.

16. Informant James H. Thompson

Address California Md

17. Burial Date thereof Jan. 26-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Nicholas

Location near Pearson

18. Funeral director Thomas H. Harris

Address Hermanville Md

19. Jan 25 1940 P J Beam MD.
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 22 1940, to Jan 25 1940, and that I last saw h[illegible] alive on Jan 22 1940.

Immediate cause of death	DURATION
~~Bronchial pneumonia~~	
Bronchopneumonia	2 days
Due to Influenza	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE P J Beam M.D.
M. D. or other

Address Great Mills Md Date signed Jan 25/40

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

0939

Reg. Dist. No. 283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St. Marys
City or town: Leonardtown (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: St. Marys
Stay in hospital or inst. (yrs., or mos., or days): 12 days
Stay in this community (yrs., or mos., or days): 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: St. Marys
City or town: Compton Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Nicol Yates

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: B. Norman Yates
6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Aug. 14 - 1874

8. AGE: Years: 65 | Months: 5 | Days: 16 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Compton Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Indusfry or business:

FATHER 12. Name: James H. Abell
13. Birthplace: Md.

MOTHER 14. Maiden name: Susan A. Berry
15. Birthplace: Md.

16. Informant: B. Norman Yates
Address: Compton, Md.

17. Burial (Burial, cremation, or removal: Which?) Date thereof: Feb. 1 - 1940 (month) (day) (year)
Cemetery or crematory: New Town
Location: Near Compton

18. Funeral director: Jno. C. Wathingley
Address: Leonardtown, Md.

19. Jan. 30 1940 (Date rec'd by registrar) C. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 30 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1940, to Jan. 30 1940, and that I last saw he alive on Jan. 30 1940.

Immediate cause of death: Diabetes Mellitus — DURATION: 6 yrs.
Due to:
Due to:
Other conditions: Diabetic Coma — 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. B. Johnson M. D. or other
Address: Morganza Date signed 1/30/40

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FEB 6 1940
BUREAU V. S.